

LINE LEVEL QUANTITY DISCREPANCY

Claim Number: 000000000198762

Claim Line #: 0001

Per Unit Cost: \$63.6000-

Claim Date: 08/17/2025

Claim Quantity: 11.00

Extended Claim Amount: \$699.60-

Deduction: 0022 - MDSE BILLED NOT SHIPPED

Invoice

Invoice: 000000000198762	Date: 05/26/2025	
Matched Qty: 11.00	Total Qty: 11.00	Cost Each: \$63.60
Line #: 0024	Item: 050352229	Description: DQ TEAL WC10-936

Received

Receiver: 000273447		
PO: 157697395	PO Date: 05/26/2025	
Matched Qty: 0.00	Total Qty: 0.00	Cost Each: \$63.6000
Line #: 0018	Item: 050352229	Description: MP COMF ADELPH DQ MP